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4 TRANSMITTAL		Application Number	er	09/895,047		
TRANSMITTAL	-	Filing Date		June 29, 2001		
FORM		First Named Inven	ntor	Santosh S. Chandrachood		
		Art Unit		2155		
(to be used for all correspondence after	initial filing)	Examiner Name	· 	Baturay, Alicia		
Total Number of Pages in This Submiss		Attorney Docket N	lumber	CISCO-4306 (032590-165)		
	ENCLO	SURES (check all tha	at apply)			
Fee Transmittal Form	☐ Drawing(s			After Allowance Communication to TC		
Fee Attached	Licensing-related Papers			Appeal Communication to Board of Appeals and Interferences		
Amendment / Reply	Petition			Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)		
After Final	Petition to Convert to a Provisional Application			Proprietary Information		
Affidavits/declaration(s)	Power of Attorney, Revocation Change of Correspondence Address			Status Letter		
Extension of Time Request	Terminal Disclaimer			Other Enclosure(s) (please identify below):		
Express Abandonment Request	Request for Refund CD, Number of CD(s)			Postcard Credit Card form		
☐ Information Disclosure Statement	_	ndscape Table on CD		Appendix, 10 pp		
Certified Copy of Priority Document(s)	Remarks	·				
Reply to Missing Parts/ Incomplete Application						
Reply to Missing Parts under 37 CFR1.52 or 1.53						
SIG	NATURE OF	APPLICANT, ATTO	RNEY, OF	R AGENT		
Firm	THELEN REID BROWN RAYSMAN & STEINER LLP					
Signature	mo	Mar	· · · · · · · · · · · · · · · · · · ·			
Printed Name	John P. Sch	aub				
Date	October 3, 2	2007	Reg. No.	42,125		
	CERTIFICA	TE OF TRANSMISS	SION/MAII	LING		
	rst class mail i	in an envelope addres		or deposited with the United States Posta commissioner for Patents, P.O. Box 1450		
Signature v	()	~/				
Typed or printed name Michelle	R Croshy	\mathcal{X}		Date (6 3 27		

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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METHOD OF PAYMENT (check all that apply) ☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify) ☐ Deposit Account Deposit Account Number: 50-1698 ☐ Deposit Account Na For the above-identified deposit account, the Director is hereby authorized to: (me: THELEN REI	2590-165)	
First Named Inventor Examiner Name Art Unit Attorney Docket No. METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify) Deposit Account Deposit Account Number: 50-1698 For the above-identified deposit account, the Director is hereby authorized to: (a)	Santosh S. Chand Baturay, Alicia 2155 CISCO-4306 (032)): me: THELEN REI	2590-165)	
Applicant claims small entity status. See 37 CFR 1.27 Examiner Name Art Unit Attorney Docket No. METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify) Deposit Account Deposit Account Number: 50-1698 First Named Inventor Examiner Name Art Unit Attorney Docket No. Deposit Account None Other (please identify) Deposit Account Number: 50-1698 Deposit Account Name For the above-identified deposit account, the Director is hereby authorized to: (continuous)	Baturay, Alicia 2155 CISCO-4306 (03:	2590-165)	
TOTAL AMOUNT OF PAYMENT (\$) 200.00 Art Unit Attorney Docket No. METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify) Deposit Account Deposit Account Number: 50-1698 For the above-identified deposit account, the Director is hereby authorized to: (2155 CISCO-4306 (03:	,	
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METHOD OF PAYMENT (check all that apply) ☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify) ☐ Deposit Account Deposit Account Number: 50-1698 ☐ Deposit Account Na For the above-identified deposit account, the Director is hereby authorized to: (): me: THELEN REI	,	
☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify) ☐ Deposit Account Deposit Account Number: 50-1698 ☐ Deposit Account Na For the above-identified deposit account, the Director is hereby authorized to:	me: THELEN REI	D BROWN RAYSM	
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For the above-identified deposit account, the Director is hereby authorized to: (D BROWN RAYSM	
	check all that an		IAN & STEINER LLP
Charge fee(s) indicated below	,	ply)	
<u> </u>	ge fee(s) indicate	ed below, excep	t for the filing fee
	t any overpayme	ents	
Under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be	e included on this	form. Provide cre	edit card
information and authorization on PTO-2038.			
FEE CALCULATION			
1. BASIC FILING, SEARCH, AND EXAMINATION FEES	EV 4 5 4 1 1	ATION 5550	
FILING FEES SEARCH FEES Small Entity Small Entity		ATION FEES Small Entity	
Application Type Fee (\$) Fee(\$) Fee(\$)	Fee(\$)	Fee(\$)	Fees Paid (\$)
Utility 300 150 500 250	200	100	
Design 200 100 100 50	130	65	
Plant 200 100 300 150	160	80	
Reissue 300 150 500 250	600	300	
Provisional 200 100 0	0	0 .	
2. EXCESS CLAIM FEES			Small Entity
Fee Description		<u>Fee (\$)</u>	Fee (\$)
Each claim over 20 (including Reissues)		50	25
Each independent claim over 30 (including Reissues) Multiple dependent claims		200 360	100 180
Total Claims			Dependent Claim
32 -28 HP= 4 x <u>50</u> = 200.00		Fee (\$)	
HP = highest number of total claims paid for, if greater than 20.			
HP = highest number of total claims paid for, if greater than 20. Indep. Claims		<u></u>	
			

SUBMITTED BY M Registration No. 42,125 Signature Telephone 408-292-5800 (Attorney/Agent) John P. Schaub Name (Print/Type) October 3, 2007 Date

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Petent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.